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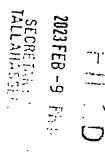
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ECO WASH EXT	ERIOR CLEANING INC			
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are su	bmitted for tiling.			
Please return all corres	spondence concerning this ma	itter to the following:			
	JASON FINAN				
		Name of Contact Person	n		
	ECO WASH EXTERIOR CI	EANING INC			
		Firm/ Company			
	8201 SE ROYAL STREET				
		Address	·		
	HOBE SOUND, FL 33455				
		City/ State and Zip Cod	e		
	jason.m.finan@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Jason Finan		at (772	de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

of

ECO WASH EXTERIOR CLEANING I	NC UT		SE TALL	202:	
(Name o	of Corporation as currently	filed with the Florida Dej	pt. of State) \(\begin{align*} \beg	<u> </u>	******
P16000031037			75.5	65	i {
	(Document Number of	Corporation (if known)		- ώ	:
	·	, , ,	-		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Horida Profit Corporation :	adopts the followin	ີ່ ຂ ຶ້ງກຸ່ມເຄ	u ding nt(s) i
A. If amending name, enter the new na	ame of the corporation:				•
ONSPOT HOME WATCH INC.				The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C. "chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	" or the abbreviation of the must contains."	on "Co	rp"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)		N/A			
i rincipal office address <u>most bit A s</u>	IKEEI ADDRESS)				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	<u>cable:</u> OFFICE BOX)	N/A			
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the na	ame of the		
Name of New Registered Agent				-	
	(Florida stre	J.f			
	•	er agaress)			
New Registered Office Address:	N/A		_, Florida		
	(City)	(Zip ((ode)	
New Registered Agent's Signature, if character is the Agent's Signature, if the Agent's Signatur	nanging Registered Agent: ered agent. I am familiar w	ith and accept the obligation	ns of the position.		
	Signature of New Re	gistered Agent, if changing		-	
Check if applicable ☐ The amendment(s) is/are being filed pt					

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John De	<u>oc</u>	
X Remove	Y	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Address</u>
1) Change		_		
Add				<u> </u>
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
·	
· It is a supple to the supple	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

date this document was signed.	on:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted laction was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) int for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
01/08/2023 Dated Signature	asor Livar
(By a director selected, by a	r. president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court actively by that fiduciary)
Jason	Finan
	(Typed or printed name of person signing)
Presid	lent

(Title of person signing)